

DOCTORS WEEKLY

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THE M.D. A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

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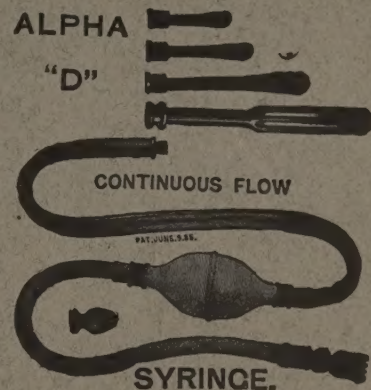
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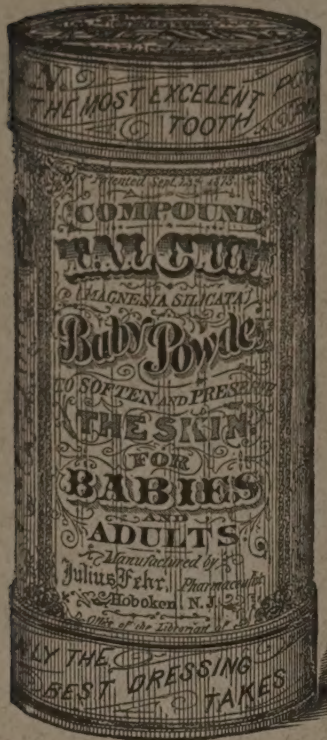
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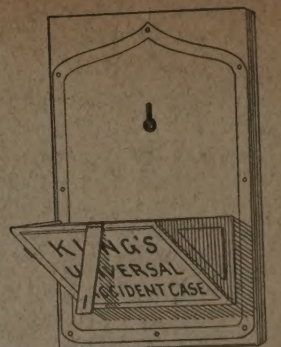
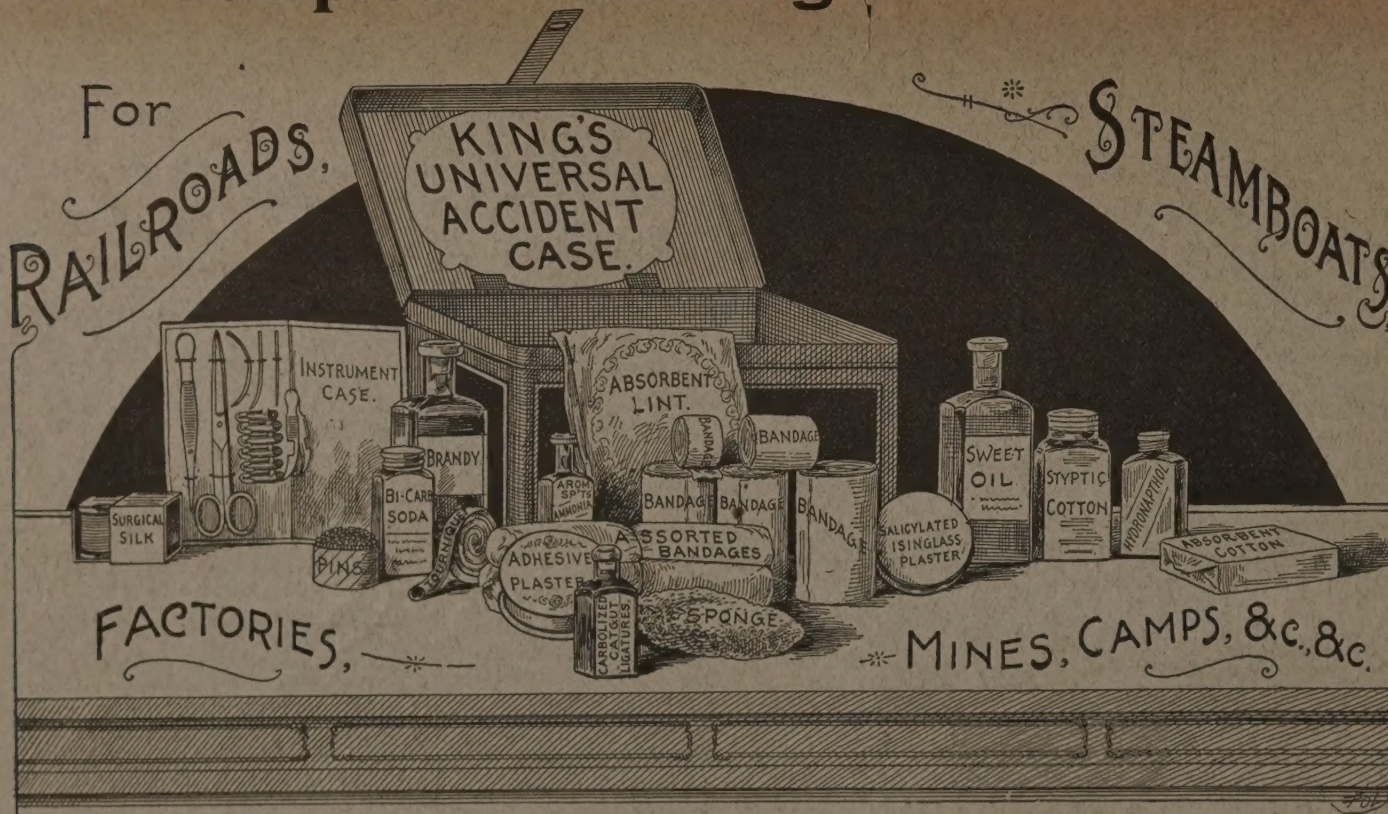
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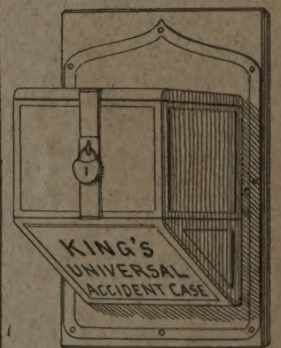
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A REVIEW OF "IDEALITY OF MEDICAL SCIENCE."

A DETAILED PLAN OF THE PRACTICE
AND STUDY OF MEDICINE, BY MAU-
RICE J. BURSTEIN, A.M., M.D. NEW
YORK. (COPYRIGHTED)

Continued from last week.

The sanitary condition of dwellings and streets would be greatly improved. At present a doctor being called to a patient, usually is not concerned with the condition of the premises, it is not his business, for there are others whose duty it is to inspect the sanitary conditions of the house, although this may be the primary cause of the disease. The contagious diseases, not having the soil for their development would, in all probability, become less severe in character, and we would never let them spread as they do at present. Sometimes a physician, being requested to attend a contagious disease, "may run the risk" of not reporting it to the Health Department; because, if he does so, he will surely lose his patient—his bread and butter. There is no doubt that as it is he is not encouraged to determine out the cause of the disease, nor to report its true character. He is not expected to see whether there is sewer gas in the house or contaminated water, or bad plumbing. Were he to report the condition of such premises his patient would be put to trouble and expense in fulfilling the requirements of the law. The result of neglecting to report is that an epidemic often breaks out, and many lives are lost. And surely the Health Department cannot see whether the physician is performing his duty—duty which would mean the losing of trade. Moreover, if a patient dies from such a disease the cause of his death is never known to the public, and the Board of Health fails to give proper sanitary protection. The physician may write in his certificate of death anything he chooses; instead of diphtheria—pneumonia, of scarlet fever—heart failure; of small-pox—peritonitis. Who and what are to prevent him? He will not report the real nature of the disease, as the patient might have been in a place of business, which would consequently be closed up by the "Health Department" and the physician hardly cares to sacrifice any possible future practice among his patient's friends.

Will the physician be more conscientious in the performance of his professional duties than he is at present, or not? A physician at present may be called to a serious case of a complicated character, so that he is not able to make a fair diagnosis of the disease, and, consequently, lay out the exact treatment. He prescribes medicine and directs the patient to do this or that, although his orders may even prove injurious to the patient. Why does the doctor do so?

First, because he gets his fee and he wants to live; second, the people are too poor to call in a consulting physician; and thirdly, he is afraid to propose a consultation, for the family might engage another doctor, "who does not need any consultations." But if two or three physicians could be had in the same district for a particular case, ignorance could never gain the advantage over intelligence.

Now what an advantage would this reform be to Medical Science itself? Let us compare the study of Medicine at present with the method as it is proposed here. The majority of the present Medical Colleges must advertise to get students, and the institution failing to get a sufficient number, lacks the income necessary to keep the College running, and consequently must suffer in point of facilities offered to the student in instruction and practice. The effect of this is to induce the College to take in many students and to turn out as many without regard to qualifications, for the purpose of making room for the next who are materially more useful to the College. The State Medical Examination is of little value, for experience shows us that many a foreign physician arriving here, and having in his possession a diploma of some European University, no matter whether he is or is not a graduate of a Preliminary School of Science, or whether he knows the English Language, will be endorsed by the State Board of Examiners; and then any graduate of any "Pathy" will be passed before the Board as long as he has a diploma of a College, recognized within the State.

What is the use of having six Medical Colleges in a City, everyone claiming to be the best school and possessing the best methods and largest facilities and boasting to the public of its larger number of students and larger graduating classes? This is simply in accordance with the great spirit of competition which pervades all business interests, and for that very reason, it is wholly wrong. Far more competent physicians could be graduated by maintaining one University in a State, furnished with every possible facility for instruction, following the best methods of study, and having ample means for purposes of laboratory practice and scientific research.

Now a student after being in a College for three years, receives a degree and begins to practise; although he may be incapable of making a proper diagnosis of a disease. His professors and others may say, "Never mind, he will become a good doctor in time; but alas! becoming a "good doctor" at this rate would involve the sacrifice of many lives. But if the student in the first place must pass an examination, at the end of each year, in order to be promoted into a higher course, and continue his study, he will become proficient at each step

Peptonized Surgery.

Modern Surgery is now awakening to the fact that in surgery of the future, digestive ferments will play an important part, as now in many cases pepsin has successfully displaced the knife in the removal of blood coagula, sloughs, carious bone, etc., and is valuable as a wash for ulcers wounds, etc., from which it effectually removes all pus and unhealthy tissues.

Pepsin has long been considered valuable as a solvent of diphtheretic membrane and catarrhal mucus, and its manifold uses in surgery can at present be only a matter of conjecture.

While it acts with rapidity upon dead tissue, etc., its action ceases when it reaches the healthy tissue, which it cleanses and nourishes rather than injures.

For surgical purposes, a pure soluble pepsin is preferable, being easily dissolved in pure water, and permits of a wider range in the percentage of acid used in the solution, which is clearer than that in which a dry powder pepsin is used.

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before he is allowed to advance to the next; and then having gone through a thorough course, of four years, and having passed his final examination, before the State Medical Council, he will be compelled to practise medicine under the direct supervision of the general practitioner, until he becomes competent and soon unquestionably develop into a "good doctor" without doing injury to innocent sufferers. Now as soon as a physician is graduated, he must devote his energies to earning a living, regardless of his incompetency to practise. As soon as he is done with the College, he is done with Medical Science. This is certainly the case except with a few well-to-do graduates, who have the opportunity through influence to become hospital physicians, or assistants to some lecturer; but the majority of men do not study medicine for the sake of the science, but for the purpose of making a living.

In my proposed plan, however, the incentive to be advanced from a lower to a higher rank, would be one of the great events that would cause a physician to be studious, to attend medical and surgical meetings, etc., in order that he might gain fame and distinction. To become an attending physician, he would have to persevere in his studies and strive for promotion; to become a specialist he would have to become thorough in some specialty, not so as to win the approval of the people, who are incapable of estimating a physician's knowledge, skill and ability, but to be declared competent by the greatest physicians, who know what it is to be thorough in some special department of medicine. Thus the possibility of advancement, aside from the increased remuneration incidental thereto, would make men ambitious to study and to devote their lives to medical and scientific investigation and research. The physician will then be aware that inattentiveness in his practice, neglect in his studies and in medical research, failure to attend medical meetings etc., will be the causes of his remaining stationary and making no progress in his professional career.

But I have not failed to show wherein the people would be benefited. The idea of being recommended to this or that doctor, by a friend, to be cured of an Ovarian Tumor or Urinary Calculus or Tabes Dorsalis, because it happened to him a lucky case of lancing a Simple Abscess, whereby the patient got well, will be out of question.

They will not need to hunt after good doctors; there will be none but good doctors and they will be pointed out to the people "by the doctors themselves."

In conclusion, I would say, that a formation of a consolidated medical body, a regulation of the physician's income and time, and a reformation in the system of medical study, along with a systematic and instructive culture of an ideal medical practitioner, by which order of things we would cause the physician to perform his duties, not for the sake of self existence, but through love of the science and mankind, the evil events of the profession would be entirely eliminated and the principles of morality and justice would glow in

the heart of the physicians, and the people, once having placed their confidence in this principled and conscientious medical and sanitary adviser, would find that the doctor is not a burden to them, but that he is to them a real comfort in their pains and sufferings, and a consolation in their health.

Colleagues, strive for this noble idea, that we shall be triumphant!

180 Henry St., New York City

* This article will be printed in pamphlet form, and mailed by the author to any address on receipt of ten cents in stamps.

ORIGINAL ARTICLE.

ETHER ADMINISTRATION WITH THE ORMSBY INHALER. BY SAMUEL E. MILLIKIN, M.D.

Lecturer on Surgery at the New York Polyclinic. Read before the Texas State Medical Association, April 27, 1892.

It is the general impression with the medical profession that chloroform anæsthesia is of greater danger during the administration than that of ether. However, the many reported secondary ill effects, from the latter, such as pulmonary and nephritic complications, to say nothing of the longer time for producing anæsthesia, have prevented chloroform from falling into disuse. Not until recently have these deleterious effects been ameliorated, I might say, almost eradicated, by a better understanding of how ether should be given.



For this we are indebted to Mr. Ormsby, of England. The apparatus which is here offered is described as follows: E, a truncated cone, composed of heavy sheet tin or brass, open at both ends, a stiff rubber mouth-piece. C, the lower margin of which is perforated or hollowed. That it may be distended with air the evacuation of which is prevented by stop-cock D.

Over the upper end of the body E is stretched a thin rubber bag, the contents of which is about two quarts. The sponge for receiving the Ether, is held in place by a small wire frame, situated at the upper opening of the cone. B, represents a tube for the regulation of the amount of air admitted during the administration. Advantages 1st, cleanliness; 2nd, compactness; 3rd, economy as to the amount of Ether used; 4th, Readministration of Ether which is exhaled into the large bag A; 5th, the rapidity with which anæsthesia is gotten by preventing useless evaporation. From two to five minutes is the usual time required to produce complete anæsthesia, which can be kept up by the addition of two or three drams half hourly. The rapidity with which patients recover consciousness clearly demonstrates the small amount of Ether-absorption.

157 Madison Ave., N. Y.

A CLINICAL LECTURE.

THE TREATMENT OF CHRONIC NASAL CATARRH.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, BY GEORGE MOREWOOD LEFFERTS, A. M., M. D.

(Continued from last week.)

TREATMENT.

The patient depressing his tongue by means of a spatula, the velum palati must be drawn forwards—that is, away from the posterior pharyngeal wall—by means of a suitable metal hook covered by bougie material, which may be bought at the instrument maker's under the name "Palate-Hook."

This procedure can be readily accomplished in all cases after a little practice, and is one that I regard as absolutely essential to the thorough success of the application, as it is the only way in which a practicable degree of space can be gained through which to throw the spray upwards and forwards through the nasal passages. To attempt an application with the velum drawn upwards and backwards, closely approximated to the pharyngeal wall, is nonsense. In this position it will be found that the moment that you introduce your spray-tube into the patient's mouth, in nine cases out of ten. The palate-hook is held in the operator's left hand, and is quickly and dexterously introduced into the patient's pharynx, while he is breathing quietly through the nose, so that the velum palati hangs motionless. The palate-hook is now passed beneath the free edge of the latter and the whole velum drawn forwards with firm, but not undue force, toward the operator. In the free space thus opened up between the posterior pharyngeal wall and the velum, the tip of the proper spray-tube is quickly placed and steadily held in the median line, and its action controlled, by the right hand of the operator, and the spray is thus thrown upwards into the vault of the pharynx and forwards through both nasal passages, so that it appears at both nostrils in a fine cloud. Such an application is thorough and complete, not painful, nor even very disagreeable to the patient. That the results obtained by a series of such, far exceed those obtained by any other method, ample experience has shown me.

I prefer the high pressure of compressed air to the lower power so often recommended. I have never done harm to the mucous membrane with it, and the increased power of propulsion in the cloud of spray renders it possible to reach all of the many irregularities and recesses abounding in the naso-pharyngeal passages. I say nothing here except in condemnation of the practice of forcing a probe or cotton-holder, charged with a solution of nitrate of silver, up behind the velum in spite of the violent muscular contraction of the parts, or of the use of small brushes, called "post-nasal," used in the same way, which, from their very size, form, and length, render it a physical impossibility to reach the vault

of the pharynx, still less the posterior nares, or to enter the latter; medication by such means amounts to little.

My own practice, through a series of years, as well as my experience in assisting by consultation and otherwise, in the work of the general practitioner, especially throughout the country, have forcibly demonstrated to me the absolute necessity of the operators possessing some form of efficient "spray apparatus," by means of which thorough and complete applications may be made, as is directed in these lectures, to the affected nasal and upper pharyngeal mucous membrane.

If the former be at your disposal, the latter are easily attained; after a little experience has taught you, as it will, some dexterity in manipulation.

I regard this point as so important that I make no excuse to you for digressing for a few moments in order that I may briefly describe the essential features of what may perhaps be regarded as the two extremes of a "spray apparatus" that can fairly be termed efficient, and without which, one or the other, in some one of their many forms, I do not believe that you can make any nasal application that should, even by courtesy, be termed thorough. In so doing, I likewise answer here the many questions that are naturally asked me, each year, by those who attend my lectures. The first, and by far the most effective, is the complete compressed air spray apparatus of which several very good forms are now procurable, the increasing demand on the part of practitioners for an efficient and fairly reasonable priced apparatus having stimulated the instrument makers to produce them. They vary in their details, mainly in the size and form of the air-receiver, the mechanism and power of the air-pump, and the method of attaching the spray-tube; but the essential principles are the same in all, although the cost differs, and the purchaser is therefore at liberty to consult the bounds of what, perhaps, is a restricted pocket; while at the same time he may procure, if not an elaborate and elegant apparatus, one amply sufficient for all his practical needs. It is made up of several parts, and of these I propose to say a very few words of a purely practical character.

The "condensed air-receiver," or "cylinder," may be made of different shapes and sizes—a common fault lies in making them too large (10½x7½ inches is an ordinary and useful size). Ordinarily they are wrought of heavy copper in one piece and firmly welded, with one overlapping seam to their base; but others, and very good ones, are made of riveted sheet brass; and still others, and the cheapest form, can be fashioned by the metal spinner from thin sheet copper, with "well brazed joints or seams. All seams or joints must be carefully made and adjusted, in order that the cylinder may be air-tight and continue so; and, finally, each one should be tested with compressed air pressure beyond that at which they are ordinarily to be used, but there is no necessity for testing them to very high pressures.

Two openings only, or at most three (the latter necessary when an "air-gauge" is added), should be

BOVININE

A. CONDENSED FOOD

PURE AND HEALTHFUL.

Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

One of the most energetic exhibitors at this fair was Henry T. Champney, manager of the J. P. Bush Manufacturing Company. Mr. Champney claims that he has discovered that which Ponce De Leon sought for, but failed to find many years ago. Not the fountain of perpetual youth, but something eminently more dear, and which has proved a most precious boon to mankind, i. e. Bovinine, which is the most readily absorbed and assimilated of all artificial food, inasmuch as it is disposed of at once in the stomach with the aid of the intestines, by a process approximating the transfusion of blood.

For purposes of nourishment and as a powerful aid in repairing the waste of living tissues in the body, Bovinine is rapidly taking the place of the so-called "beef extracts" being far better adapted to the most delicate patients. Consumptives, and those suffering from debility or an enfeebled condition of the system from any cause, derive great benefit from its use.

It contains more than twenty-six per cent. of soluble albuminoids. It is the only raw food in the world. During the last four months of his sickness, General Grant's food was Bovinine and milk, and it is said that from the use of this incomparable food alone that he was enabled to finish the second volume of his "Personal Memoirs"

Bovinine contains all the elements for the production of new blood with great rapidity. Its principal constituents have been selected with a view to furnish the largest amount of nutriment in the most condensed form, and all the resources of modern chemical analysis have been brought to bear on this important problem.

Bovinine makes new blood faster than all foods or preparations known, and if properly and promptly administered, will supply the body with the vitalized fluids so essential in expelling deleterious accumulations from the system.

The entire absence of insoluble matter together with its absolute freedom from drugs, minerals, acids, or alkalis, its uncooked state, in which it stands unique before the world, thereby presenting the vital extracts of the flesh of beeves in a raw or uncoagulated condition eagerly absorbed by the debilitated organs, renders it the most valuable adjunct to the remedial agents employed by the medical profession ever discovered.

Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

made in the cheaper form of cylinder, one for the entrance and one for the exit of the compressed air. Remember that every opening and each additional joint in your cylinder adds to the risk and annoyance of the leakage of the compressed air, specially if it be under high pressure, if not in the new apparatus, possibly when it has become old and worn by constant use.

The openings mentioned are fitted with small brass stop-cocks, which have been carefully ground, so as to be perfectly air-tight.

A more modern and more expensive device has been substituted for these two stop-cocks; one, which consists of a rod conic at one extremity, supplied with a screw-thread and a wheel for readily propelling it outward, or for gently screwing the conic end of the rod perfectly air-tight into a compartment containing soft metal; thus (when the apparatus is not in use) it is hermetically sealed, and all leakage of air prevented. This cylinder has but one opening into its chamber.

Finally, although not absolutely necessary, and always adding to the cost, an "air-gauge" for registering the degree of air-pressure within the cylinder, is a useful adjunct to it. Whether the cylinder shall be burnished to a high degree of finish, and nickel-plated, will depend upon the æsthetic taste of its owner.

In the selection of an air-pump for your apparatus, economy, rigidly enforced, is not the best policy. You need a good pump, one that is well constructed and that will therefore preserve its working qualities unimpaired, by even frequent and hard use. One, also, that does not require too great an expenditure of physical force; in other words, is convenient to work, and will quickly attain the desired degree of air-pressure in the cylinder.

All these points, I assure you, are practical ones.

Perhaps it will simplify matters and help to guide you to a choice if I specify among the several forms of "air-pump" with which I am acquainted—all possessing, in varying degrees, good and reliable working qualities (those, for instance, of Beseler, Burgess and Wile)—the one that I, after some practical experience with nearly all, have found to give me the most satisfaction. I exhibit here two drawings that represent the extremes, as far as power and, I may add, cost are concerned, of an air-compressing apparatus that I think you will find to possess all the necessary qualifications above mentioned. The first will, with comparative ease in working, give you an air-pressure of 25 pounds to the square inch, in an ordinary sized air-receiver or cylinder, in less than one minute. The second, like the first, a double-acting air compressor, but larger and more powerful, is designed for 120 pounds pressure, and will therefore give from 50—60 pounds with the greatest ease. This latter is the one that I use.

The connection between the "air-pump" and the "cylinder" is made by means of "hydraulic" india-rubber tubing, of suitable calibre for the fittings on the pump, etc. (usually ½ inch), and that between the "cylinder"

and the "spray-tube," or its form of "attachment" by flexible rubber tubing (¼ inch) that has been overspun with silk or mohair, in order that it may possess strength combined with flexibility. In this latter tube, near its connection with the spray-tube, it will be found convenient to place a small brass stop-cock, so that you can control the air-current through the tube without being obliged to reach to the stop-cock of exit in the compressed-air "cylinder" each time that you make an application, or change your spray-tube.

The most convenient method of quickly attaching and detaching the "spray-tube" from the silk or mohair covered tube coming from the "cylinder" is by means of the brass "bayonet catch," shown in this drawing; its working principle and its convenience will be readily understood. In default of either, the connecting tube from the "cylinder" may be simply slipped over the end of the "spray-tube" at the time that an application is made to the nose or throat with the latter. It is the least convenient way, it is true, but will answer the purpose of the practitioner who makes but an occasional application and desires to avoid multiplicity of apparatus.

In either of these methods of attaching the rubber connecting tube from the "cylinder" to the "spray-tube" (except, of course, with the "automatic cut-off"), the air-current through the tube is controlled by its compression with the thumb of the hand that holds and directs the spray-tube against the end of this latter. By this simple means both the volume and duration of the spray discharged from the spray-tube can be nicely graded.

The "spray-tubes," which are a very important part of your apparatus, can be obtained in either glass, hard rubber or metal. Three tubes constitute a set. One is so arranged as to throw a jet of spray upwards (nasopharyngeal space and posterior nares); the second, downwards (larynx); and the third, directly outwards (anterior nares and middle pharynx). The first and third are the ones, therefore, that we necessarily require for our present purposes—i. e., the medication of the nasal passages.

Glass spray-tubes are the ones that are most commonly used. They are the easiest to keep clean, and can be used with all solutions, but they are, of course, more fragile, and need therefore, to be handled and kept with more care than those of hard rubber. The latter are perhaps the most practical, and eventually the cheapest for the general practitioner, who only uses his spray-tube for the purposes of an occasional treatment. They can now be obtained in such a form as to be used with the simple method of attachment to the rubber tube. Wile has designed a spray-tube, which instead of being made of two tubes cemented or riveted together, is fashioned out of one solid piece of hard rubber, and the tips, which determine the direction of the spray, instead of being permanently made on the body of the tubes, are screwed in and made interchangeable. By means of a small wrench they are unscrewed and taken out for the purpose of cleansing, etc. Metal

spray-tubes are not, for obvious reasons, to be recommended.

It is very desirable, in order that you may have at your command the most effective of spray-tubes, that you should understand the principles upon which they are properly constructed. To this end I refer you to a paper published in the New York *Medical Journal*, Nov. 28, 1885, page 603, on the "Principles involved in the construction of spray-tubes," which I am sure you will find to be both of interest and profit. Time will not permit to go into the details of the question.

I now turn to the other extreme of what I have termed an efficient spray apparatus. It is the "hard-rubber atomizer" in some one of its many forms; an apparatus constructed upon the principles of Bergson, in which the propelling power is developed by the compression of India-rubber hand-balls or bulbs. It is much less efficient, because less powerful, than the compressed air-spray, even in skillful hands and in favorable cases.

(To be continued.)

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithæmia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithæmic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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It is important to us that you mention this Journal.

OBITUARY.

Died at 354 West Congress street, Chicago, Ill., July 17th, Helen Dickson, wife of Dr. J. F. Danter.

Mary E., wife of Dr. D. D. Saunders, died at her residence, No. 480 Shelby street, Memphis, Tenn., June 26, 1892.

Dr. I. B. Massey, of Sandusky, O., one of the best known physicians of that State, died in Chicago, Ill., July 19. Dr. Massey has been in ill health for some time and was in Chicago for treatment.

MARRIAGES.

Dr. Albert Hay, aged 73, and Mrs. E. Pierson, aged 67, were married at Wichita, Kas. The groom is a brother of Chief Justice Hay of Missouri.

PERSONAL.

Dr. FORDYCE BARKER, of this city, is at Far Rockaway, L. I.

Dr. L. B. DABOLL and family, of this city, are at Sag Harbor, L. I.

Dr. R. H. SULLIVAN and family of this city, are at the Prospect House, Bay Shore, L. I.

Dr. WM. HATCH, of Baltimore, Md., is at the Albertross Hotel, Ocean Grove, N. J.

Dr. JOHN WILSON GIBBS and family, of this city, are at the Clarendon, Saratoga Springs, N. Y.

Dr. D. L. SHEA, of this city, is at the United States Hotel, Far Rockaway, L. I.

Dr. J. HAVEN EMMERON and Dr. Edwin Curtis have taken cottages at Far Rockaway, L. I., for the season.

Dr. T. A. BRAUNELS, of this city, is at the Beach View Hotel, Far Rockaway, L. I.

Dr. & Mrs. A. CANAL, of Brooklyn, N. Y., are at the Booth House, Greenpoint, L. I.

Dr. CALVIN RHEA, formerly of Hale, Mo., is now located at Knoxville, Tenn.

Dr. E. B. SHAW, formerly of Osage City, Kas., has moved to Las Vegas, N. M., where he has become a chief surgeon in the Santa Fe Railway Hospital.

Dr. F. I. NORBURY, formerly of the

Central Asylum of Illinois, has been elected professor of diseases of the nervous system in the Marion-Sims College of St. Louis, Mo.

Dr. H. C. DALTON, ex-superintendent of the City Hospital, has been elected to the chair of Abdominal and Clinical Surgery in the Marion-Sims College, St. Louis, Mo.

Dr. A. L. GNICHTL, of 447 West 44th street, medical stenographer for the DOCTORS' WEEKLY, sailed for Europe on Saturday last. He will spend about six weeks in Paris, from which city he will let our readers hear from him on matters medical. He will return in time to report the early Fall meetings of our local medical societies for the WEEKLY.

MESSRS. JOHNSON & JOHNSON, manufacturing chemists of this city, entertained quite handsomely a delegation of druggists on their return from the annual meeting of the American Pharmaceutical Association in the White Mountains, last week, giving them a splendid dinner at the Astor House and an excursion to their laboratories at New Brunswick, N. J. This kindness and liberality on the part of this enterprising firm was highly appreciated by all the knights of the mortar and pestle who partook of their unstinted hospitality.

TOBACCO DEFENDED.

In a little book published just 200 years ago there is an interesting discussion on the medicinal properties of tobacco. At that time—it is interesting to note—tobacco grew in great quantities in several gardens about Westminster, as well as in other parts of Middlesex. It was planted also "in great plenty" in Gloucester, Devonshire, and some other western countries, but "his Majesty sent a troop of horse every year to destroy it, lest the trade of our American plantations should be incommoded thereby." The author who gives us this information was no smoker himself, and tells with great contempt how "our mode and fashion of smoking was borrowed from those barbarians, the Virginians." Still less had he any partiality for snuff, and he does not conceal his disgust at the habit of "the Irishmen who do most commonly powder their tobacco and snuff it up their nostrils." His personal dislike for "this most fierce and rugged poison" makes his testi-

mony in favor of its medicinal virtues the more valuable. He had, indeed, some scruples about defending its use at all, since King James himself had "both writ and disputed very smartly against it: at Oxford;" and he was a good deal exercised by the stories told by anatomists of sooty brains and black lungs which have been seen in the dissection of dead bodies which when living had been accustomed to tobacco." The opinion which once prevailed in Turkey, that tobacco makes man effeminate was more easily disposed of, for there was no doubt "a politick design in it to obstruct the sale of tobacco in the Eastern countries and to prevent the Christians from establishing any considerable traffic from so mean a commodity." But, however this might be, the evidence in favor of tobacco as a medicine seems to him conclusive. For one thing, he himself knew "a curious lady in the North that does very great feats in sores and ulcers by a preparation of tobacco." Then there was the testimony of "our learned and most experienced countryman, Mr. Boyle, who doth highly commend tobacco blisters in the most violent colick pains." Across the water its virtues were held in even greater respect, and French doctors recommended it "in convulsions, in pains, and for bringing on sleep." The oil of it was often used, too, in curing deafness, "being injected into the ear in a convenient vehicle," and was sometimes applied "in a liniment as a remedy for gouty and scorbutical pains of the joints." In addition to all this, "the effect of tobacco has been very good in some violent pains of the head, as some thousands have experimented," while "the curious Dr. Grew found the success of the oil of it in toothache, a lint being dipped in it and put into the tooth." On the vexed question of daily smoking, the author of "The Natural History of Tobacco" is less positive. "The state and circumstances of your body," he says, "must be the best guide and rule. If your complexion be lean, hot and dry, it is an argument against it, but if cold, moist and humoral, subject to catarrhs, rheums and pains, then there may be a temptation to venture upon it." The final conclusion is that "every man must consult his own temper," and this may perhaps be taken even now after two more centuries of experience as the last word on the subject.—*Pall Mall Gazette.*

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Solid Silver Case, Chain and Pin, Price with 4 inch Thermometers, \$2.50 each
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Baltimore, Md., 2, November 1887.
ORRIS T. SHERMAN.

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In the daily endeavor to accomplish this end, not only has Mr. Pomeroy developed and brought into service many useful inventions, but his assistants, who have been with us the greater part of this period, have acquired the necessary skill, patience and judgment to apply them correctly, so that a failure in any respect is the rare exception.

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I am yours very truly,

THOMAS H. MANLEY, M.D.,

Visiting Surgeon to Harlem Hospital, New York.

New York, June 13, 1892.

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EVERY SATURDAY,

BY

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GLYCERINE IN HEPATIC COLIC.

At a meeting of the Paris Academy of Medicine on March 8th (*Sem. Med.*, March 9th, 1892), Ferrand read a paper on the treatment of hepatic colic by glycerine. The following are his conclusions: 1. Glycerine given by the stomach is absorbed unchanged by means of the lymphatics, especially by those passing between the stomach and the hilum of the liver and the gall bladder. 2. It is a powerful cholagogue and a valuable remedy in hepatic colic. 3. In relatively large doses—20 to 30 grammes—it brings an attack to an end. 4. In small doses—5 to 15 grammes—glycerine taken every day in a little alkaline water prevents fresh attacks. 5. Without being a lithonriptic, glycerine is the remedy *par excellence* for biliary lithiasis.—*Brit. Med. Jour.*

"Have you got any brushes?" he asked of the druggist.

"What kind, sir, tooth brush?"

"Naw, do you s'pose I've got hair on mer teeth?"

GARDNER'S
SYRUP OF HYDRIODIC ACID,
HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the original preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metallic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

CONSISTENCY.

We were taught in our boyhood to look upon consistency as a jewel and many years of experience have not lowered our high estimate of that word. We are inclined to believe, however, that the education of the editors of some of our contemporaries on that line has been painfully neglected. We arrived at this conclusion after reading several editorials that have recently appeared in a number of our moss-back exchanges wherein certain editors attempt to belittle the products of the pharmaceutical chemist. In some cases they have gone so far as to designate the names of the products at which their vituperation is directed. In almost every instance the advertising pages of the periodicals in which such scurrilous attacks appear, contain the advertisements of the products attacked. In other words the publisher, or the editor, as the case may be, accepts the manufacturers' money and then turns loose the vials of his wrath upon him! Is this consistency? We should say not. When we accept money for advertising space we feel it our duty to do all in our power to advance the interests of our advertiser. This has been our practice in the past and we shall continue on the same line in future.

EDITORIAL ITEMS.

UNDER the caption of "What the Doctors Say" some of our prominent newspapers nowadays print a lot of stuff that would make an Egyptian mummy smile. Marvelous stories are told of so-called remedies that were shelved by our profession years ago, while many others that have been in general use a half decade or longer are written up as *new*. This sort of thing is nauseating to say the least of it.

THIS is the season when the physician of wealth and leisure hies himself away to the mountains to chase butterflies and measure the heights of the laughing cascades, or to the seashore to inhale the salt sea-breeze and disport the in playful surf, while their less fortunate brethren remain in the city hugging the shady side of the street and getting what comfort they can out of the historic palm leaf and the two-by-six bath-tub. It is needless to state in which gang the editor may be found.

Much praise is due the New York *Herald* for the establishment of free ice stations in various sections of this city for the benefit of the city's poor. This is practical charity of a kind that will be appreciated not only by the unfortunate class for whom it is intended, but also by physicians who have to labor in the tenement house districts of this great city. Religious and moral teachings fall flat on empty stomachs, likewise are the efforts of physicians futile in battling with summer diseases without ice, medicines and proper nourishment. In behalf of the medical profession we thank the *Herald* for this noble charity.

ANNUAL HEALTH REPORT OF N. Y. CITY.

The report of the Health Department for the year ending Dec. 31, 1891, was published in the *City Record* last week. During the year there were 43,659 deaths as against 40,103 deaths in 1890. The death rate, with an estimated population of 1,680,796, was 25.97 per 1,000 as against 24.58 per 1,000 in 1890. The mortality from scarlet fever, diphtheria and influenza shows a marked increase over the previous year, especially among children and persons over 65 years of age.

The deaths of children under 5 years of age were 18,224, as against 16,305 in 1890. There were 1,220 deaths from scarlet fever, as against 408 in 1890. Speaking of the work of the vaccination corps of physicians, it is shown that there were 189,637 vaccinations, as compared with 92,047 in the previous year.

The work of the Disinfecting and Sanitary Inspection Corps is spoken of in terms of praise, and credit for the prevention of the spread of contagious diseases is given to these branches of the service. During the year there were 46,904 births, as against 39,250 reported in 1890, and 15,764 marriages were recorded, showing an increase of 772 over the previous year.

ACTION OF CAMPHORATED OIL.

At a meeting of the Societa Lanciana degli Ospedali di Roma on February 13th (*Gazz. d. Osp.*, March 8th, 1892), L. Taussia stated that he had used camphorated oil with good results in many cases of influenza in which collapse from cardiac paralysis appeared to be imminent, and in pneumonia, typhoid, etc. He gave the drug dissolved in oil of sweet almonds in the strength of 1 to 2, and sometimes 4 to 5 per cent. Essence of peppermint was useful in disguising the taste. Liberal doses (2 to 4 grammes *per diem*) were always given; the remedy was always well borne, and no disagreeable effects were observed. The remedy should be given before the patient is in *extremis*, when an active stimulant and expectorant is required, and when it is not contraindicated by the existence of great cerebral excitement. In cases of pneumonia, broncho-pneumonia, and typhoid fever, the drug produced increase of arterial pressure, freer expectoration, and a feeling of physical well-being which lasted a considerable time. Taussia insists that only the best Japanese camphor should be used, the artificial preparation having, according to him, no therapeutic value.—*Brit. Med. Jour.*

Doctor—Ben what's your face so bunged up for?

Ben. (sadly)—Dat fool George Williams done it: I was at de cake walk las' night, and all I say to his gal was, "Good ebnin, Miss Annie, you's lookin' quite pregnant dis ebnin." What make him hit me, doctor?

STRICTLY PROFESSIONAL.

HYDROLEINE

(Hydrated Oil.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose Contains:

Pure Cod Liver Oil... 80 m. (drops.)
Distilled Water..... 35 m.
Soluble Pancreatin... 5 Grains
Soda..... 1/2 "
Salicylic Acid..... 1/4 "

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The basis of its formula is PURE NORWEGIAN COD LIVER OIL, and one teaspoonful of this preparation will give MORE SATISFACTION than three teaspoonfuls of the many usually prescribed emulsions.

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A sample of Hydroleine will be sent free upon application, to any physician (enclosing business card,) in the U. S.

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SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

A REFRESHING TONIC AND RECONSTRUCTIVE.

While the most prominent use for the Hypophosphites of Lime and Soda is in the treatment of Consumption and Scrofula, in which its tonic and tissue-building properties render it particularly efficacious, yet it has other and quite varied uses, based upon these same properties. One of the most marked of these is its use as a tonic reconstructive in hot weather.

Many persons have fair health during the cooler months of the year, yet suffer greatly from debility during the long, hot summer. The relaxing effects of the heat itself, besides the loss of the salts of the tissues, through the excessive colliquative perspiration, prove exceedingly depressing to the vital powers. Not only is this condition of extreme debility very depressing in itself, but it also predisposes the victims to attacks of disease which they would otherwise be able to resist. Thus, during the heated term, we have a long list of protracted, exhaustive fevers, for the fatal issue of which the extreme debility of the patients is largely responsible.

In all this we may see another demonstration of the value of the phosphorus salts of lime and soda as tonic and vitalizing agents in the animal economy, and also a definite clue to the proper remedy for the condition described, as these tissue-salts are largely wasted in excessive perspiration. This remedy is the pure Hypophosphites of Lime and Soda. By its tonic properties, refreshing, revitalizing and invigorating the entire system, it restrains the excessive perspiration, and the consequent waste is checked. But it also furnishes the system with healthy tissue-food to replace with new and vigorous cells the necessary waste incident to the ordinary physiological processes. Thus the system is kept all the time up to a prime condition of physical strength and mental exhilaration, and germs of disease find little encouragement for invasion.

It would be advisable that those who "do not bear hot weather well" should resort each year to a course of the Hypophosphites of Lime and Soda, and thus fortify the system against certain exhaustion and possible malignant disease. Direct them to put a teaspoonful of McArthur's Syrup occasionally in a glass of cold water, as a drink, and the "insatiable thirst" will be more easily relieved. Recommend this, also, to your consumptive and scrofulous patients, and those afflicted with diseases characterized by exhausting discharges and great debility, and they will report the summer as the most refreshing season they have ever passed. The McArthur Hypophosphate Co., Boston Mass., will send upon request to any physician not familiar with McArthur's Syrup, a full sized bottle, by express, without expense, save the express charge; also, interesting matter about the value and uses of the Hypophosphites.*

RUPTURE OF THE UTERUS CAUSED BY DIVULSION.

BY FRANK H. MURDOCH, M.D., PITTSBURG, PA.

Two years ago a patient came to me with the following history: Mrs. A—, aged thirty-five, married, never had been pregnant, appetite poor, had painful diarrhoea most of the time, and suffered intense pain for a few days previous to and during menstruation. Examination showed so much constriction at inner os that the smallest sized probe would pass only immediately after the cessation of the menstrual flow. The depth of the uterus was two and a half inches. Rapid dilatation was done under ether to the extent of an inch, twenty minutes being occupied in the operation. Result—First, menstrual period painless; second, slight pain, and third, pain quite severe. I decided to dilate again, more rapidly, and use a stem. The patient was anesthetized. Goodall's dilator was introduced, and at the end of five minutes the dilatation was carried to the extent of seven-eighth of an inch. At this point the patient began to breathe through the uterus, the air entering and leaving the peritoneal cavity making a distinct blowing sound. Rupture of the fundus of the uterus at once suggested itself. I withdrew the dilator, and with the utmost care and gentleness introduced a sound into the uterus, allowing it to enter five inches, thus confirming the diagnosis of rupture. At this time the patient's pulse was ninety and jerky, and her face was bathed in cold perspiration. The treatment consisted in swabbing the cervical canal with tincture of iodine, dusting the cervix with iodoform, and introducing a strip of iodoform gauze into the uterus for drainage, holding it in position by means of a vaginal tampon of boroglyceride. She was given a hypodermic of morphia and put to bed. Her bowels were kept open once a day with Rochelle salts, turpentine stupes were applied to the abdomen, and six minims of Magendie's solution of morphia were given twice a day hypodermically to relieve pain. The tampon and iodoform gauze were removed on the second day. There was very little distention of the abdomen at any time, and only slight tenderness. The pulse never rose above 100 nor the temperature above 100½° F.; in fact she made an uninterrupted recovery. Her menstrual periods since the last dilatation have been comparatively painless, she has gained flesh, her diarrhoea has ceased to trouble her, and she considers herself well. She has not become pregnant.

REMARKS.—The subject of rapid dilatation of the uterus naturally divides itself into three parts—first, rapidity of dilatation; second, extent of the dilatation, and third, the danger of the operation.

RAPIDITY OF THE DILATATION.—In regard to this question there is a great diversity of opinion. Dr. Goodell screws the handles quickly together so that some of the constrictor fibres are ruptured sometimes audibly. Dr. Grandin divulses the

cervix in five or six minutes. Dr. Strong believes that twenty to forty minutes should be the average time, and Dr. Townsend advises that the dilatation be accomplished more or less gradually and not by rude, quick measures.

EXTENT OF THE DILATATION.—Drs. Ball, of Brooklyn; Goodell and Ellwood Wilson, of Philadelphia; Hands and Watts, of New York, forcibly dilate the uterus under ether to the utmost limit. Dr. Townsend dilates one inch, Dr. Strong one and one-fourth to one and five-eighth inches, and Dr. Skene dilates to the extent of admitting a No. 10 or 12 English sound.

DANGER OF THE OPERATION.—Among those who consider the operation to be comparatively free from danger may be mentioned Drs. Wathen, Goodell, and Strong, while others as Skene, Fritsch, and Goelet regard the operation as a dangerous one. Now, it seems to me that the extent of the dilatation, at least in the case of uteri that have never been impregnated, should govern the rapidity of the operation, for the danger evidently lies more in the rapidity with which the dilatation is accomplished than in the extent to which it is carried. If the dilatation is to be carried only to the extent of one-half an inch, it matters little how rapidly it is done, but if it is the intention to dilate an inch or more, it is safer to take plenty of time, else the operator may find himself, as I did, in uncomfortably close proximity to a ruptured uterus.—*N. Y. Med. Record.*

GUN-SHOT WOUND OF THE STOMACH—REPORT OF A CASE.

BY A. A. SMITH, M. D.,
HAWKINSVILLE, GA.

Through the courtesy of Dr. A. N. Peurifoy, who was the attending physician, I am permitted to make a report of this case.

On 28th day of February last Dr. Peurifoy was called to see a negro, who in a difficulty with another negro, had received a pistol shot said to be in the stomach.

On arriving and after making an examination, the doctor found that in the fight which had occurred two hours previous, his patient, a boy, eighteen years of age, had received a wound directly over the stomach. A casual examination with the eye alone was all that was necessary to show that the ball had penetrated the cavity of that organ. Not being satisfied, however, he made a careful and cautious examination with the probe and found that the ball had entered at a point about two inches below, and to the left of the tip of the ensiform cartilage of the sternum. The probe passed readily into the cavity of the stomach, and the doctor supposing that the ball had passed through and lodged in some other position of the body did not pursue the examination further. When first seen morphine was administered hypodermically to relieve pain, which was severe at the time; also instructions were given to use cold applications to the wound together with such other general instructions as was thought

best. On the following day the doctor returned expecting to find a well developed case of traumatic gastritis with peritonitis. In this however he was mistaken as the pulse was 80 and temperature normal and no indications of any inflammatory process, whatever. At this visit the cold applications to the wound with morphine to relieve pain should there be any was continued, also instructions were given that in the event the bowels should not act, that two cathartic pills be given. On the third visit, which was about 48 hours after the boy had received the shot, he ascertained that there had been two or more free evacuations from the bowels, and to his great surprise the ball had passed with one of these evacuations.

M. Anderson, on whose place the difficulty occurred and for whom the negroes were working at the time, was immediately called by the mother of the boy and shown the ball. The wound healed by first intention, and just one week from the date of the injury the boy returned to his work, which was that of laboring in a saw-mill.

This is an unusual case and can be accounted for only on the theory that the ball was spent when it entered the cavity of the stomach, and dropping became mixed with the food and passed out as other foreign bodies, such as coppers, nickels, buttons, etc., which enter the stomach by the mouth. Another fact to be noted in connection with this case, is in reference to the particular point where the ball entered, which as already stated, was below and to the left of the ensiform cartilage of the sternum. This would indicate that it penetrated at or near the cardiac orifice and there being none of the contents of the organ in contact with the walls at this particular point did not allow any escape of food, which, had there been any, would have been attended with fatal results.

There were no special features in the management of this case, in fact there could be nothing done except to relieve pain and wait developments. I omitted to state in the beginning of this report that the pistol used was what is known as the old style Smith & Wesson revolver 32 calibre, and the distance the parties occupied was about ten spaces apart; also that I have the bullet with me which I will take pleasure in showing should any gentleman desire to see it.—(*Read before the Georgia State Med. Asso. April, 1892.*)

Anxious Wife—Doctor, my husband was delirious last night, and this morning he lies in bed and doesn't say anything.

Doctor—Fill this prescription and he will be all right.

Anxious Wife—What drug store shall I take it to?

Doctor—You had better get it filled at a saloon.

He used tobacco all his life—

All he could smoke or chew;

He had downed all kinds of microbes,

Was soaked in mountain dew;

He ate all things and was, in fact,

A civilized barbarian,

But he never met a doctor,

And he's now a centenarian.

PRESCRIPTIONS.

ACUTE CORYZA.

Dr. Capitan recommends the following snuff to be used every hour for the relief of acute nasal catarrh:

Salol 3 ss.
Salicylic acid gr. vj.
Tannin gr. iij.
Boric acid, 3 ij.

The use of this powder should not be continued for more than a few hours as it is apt to excite a slight eczematous eruption along the edges of the nostrils. The following is another formula, less active yet said to have given good results.

Powdered talc, 3 j.
Antipyrin gr. xv.
Boric acid, 3 ss.
Salicylic acid, gr. iv.

This may be snuffed freely, as it causes no irritation of the *alae nasi* as docs the preceding.—*Journal de Medecine et de Chirurgie Pratiques.*

A SALVE FOR THE TREATMENT OF EXFOLIATIVE MARGINATE GLOSSITIS.

Dr. Besnier (*Le Bulletin Medical*, No. 9, 1892) recommends the following salve:

R Hydrochlorate of cocaine, cgrams. 5.
Balsam of Peru.
Boric acid, aa gram. 1.
Vaseline, grams. 30.

Apply locally twice a day.

FOR BRONCHO—PNEUMONIA.

Union Medicale for March 24, 1891, gives the following prescription for the treatment of broncho-pneumonia of children in the later stages:

R Brandy, 3 ss to 3 i.
Quinine sulphate, gr. x.
Syrup of orange, 3 ss.
Peppermint water. 3 ii. M.

Sig.—Give six to ten coffeespoonfuls of this mixture to a child each day.

BRANDRETH'S PILLS.

Dr. D. S. Clark (*American Druggist*) says

Take of

Extract colocynth, 1 scruple.
Aloe, socotrine, 2 drams.
Gamboge, 1 dram.
Castile soap, ½ dram.
Oil peppermint, 2 drops.
Oil cinnamon, 1 drop.

Powd. arabic and alcohol, of each sufficient quantity.

Mix and make eighty pills.

Dose: One to three as directed.

BUTYL-CHLORAL FOR FACIAL NEURALGIA.

Butyl-chloral has been proved to have an especial action on the facial or trigeminal nerve. Given internally in doses of from one to three grains, it has a marked effect in relieving painful neuralgias of this nerve. Professor Liebreich, of Berlin, prescribes it as follows:

R Butyl-chloral, gr. xl to lxxv.
Alcohol. rect., f 3 ijss.
Glycerini, f 3 v.
Aqua dest., q. s. ad. f 3 iv.

Misce. Signa: From two to four teaspoonfuls p. r. n.—*The Physician and Surgeon.*

PHTHISIS.—Dr. A. L. Loomis uses as a tonic:

R Tinct. zingiberis, f 3 j.
Sodii bicarbonatis, 3 ij.
Tr. gentian. co., q. s. ad f 3 iv.
Dissolve and mix. Dose, a teaspoonful.

ANEMIA.—(Dr. T. Milner Fothergill.)

R Arsenic, gr. i.
Ferri sulph. exiccat, 3 ss.
Pulv. pip. nig., 3 i.
Pil. el. et myrrh, 3 i. M.

Et ft. pil. No. XL.

Sig. One twice daily, after meals.

PRURITIS ANI AND VULVÆ.—The following formula will afford relief from the itching and irritation—to be applied locally:

R Sodii hyposulphitis, dr. i.
Acid carbol., dr. ss.
Glycerinae, oz. i.
Listerine, oz. iii. M.

DIARRHŒA OF INDIGESTION, ETC.—By Prof. O. S. Armstrong, Detroit, Mich.

R Bismuthi subnitrat, dr. j.
Pepsin (Ford's), scruple ii.
M. et ft. chart. No. xii.
Sig. (Small doses but effectual).

IN TYPHOID, a good formula is as follows:

R Antikamnia, dr. ij.
Ess. Pepsini.
Spts. Vin. Gallici, aa f oz. iv.
M. Sig.—Tablespoonful every three or four hours.

TYPHOID FEVER.

R Acid, carbolie, dram ss.
Chloroform, ounce j.
Gum acacia, dram j.
Syrup, q. s. ounces iv.

M. Sig.—Teaspoonful three or four times daily. If there is a tympanitic condition of the bowels it disappears at once.—I. J. BUSH, M.D., in *Med. Ann.*

IMPOTENCE.—Dr. W. F. Glenn claims ("Southern Practitioner") excellent results in impotence from:

R Gold and sodium chloride, gr. iii.
Strych. sulph., gr. i.
Zinc phosphate, gr. iii.
Ext. damiana, dr. i.

Mix and put into 30 capsules. Sig. One three times a day.

CHOLERA INFANTUM.—Holt.

R Naphthalini, grains xx to lxx.
Ol. bergamii, gtt. i-ij.
M. Ft. chart. No. xii.

Sig.—One powder every two or three hours.

THERAPEUTIC NOTES.

TRITOPINE is the name of a new alkaloid obtained from the mother liquor after the separation of morphine. It has the formula $C_{24}H_{34}N_2O_7$, and occurs in the form of prisms or scales, soluble in chloroform, but sparingly so in ether. It occurs in very small proportion in opium.

ACONITE FOR SCORPION STING.—A correspondent from Durango, Mexico, says that formerly about one-half of the children in the city died from the sting of the scorpion, but now nearly all the lives are saved, if taken in time, by the use of the strong tincture of aconite, of which 5 or 6 drops are put in a tumbler half full of water, and a teaspoonful given at frequent intervals.—*Ex.*

THE PREVENTION OF TUBERCULOSIS IN THE DOG.—At a meeting of the Académie des Sciences, Richet and Héricourt (*La Medecine Moderne*, No. 24, 1892, p. 387) reported the protection of dogs from human tuberculosis by previous inoculation with the tuberculosis of birds. Of nine animals so treated all survived, while twenty-one control-animals died.

A CASE OF GLANDERS HEALED BY INUNCTIONS.—Gold describes a case of glanders with pustules on different parts of the body, and much constitutional disturbance which was cured by inunction of mercury. The diagnosis was confirmed by cultivation of the bacillus. There were in all sixty-two inunctions, lasting for a period of eight weeks.

VIBURNUM PRUNIFOLIUM IN DYSMENORRHOEA.—Dr. Joseph (Wiener med. Presse, No. 16, 1892) speaks highly of viburnum prunifolium in the treatment of mechanical or obstructive dysmenorrhoea. He begins with the remedy fourteen days before the appearance of the menses, giving twenty to twenty-five drops of the fluid extract ten to fourteen days before the appearance of the menses and during their continuance, four times a day.

IODOFORM SPONGES; THEIR PREPARATION.—The following is the method of Haug (*Nouv. Rem.*): Small, soft, cleansed, sponges are immersed for

five days in water to which five per cent. of hydrochloric acid has been added; after which they are thoroughly washed in an abundance of water, and dried. They are then placed into a 7½-per cent. ethereal solution of iodoform; the ether is allowed to evaporate, which being completed, the sponges are preserved in well-stoppered bottles.

SULFONAL IN INSOMNIA.

The recent reports concerning the value of this hypnotic agent, affirm the earlier clinical conclusions that Sulfonal must be regarded as our best hypnotic. One or two observers cite some instances in which drowsiness has followed its use, and two cases are mentioned in which dizziness occurred after a sleep of ten hours produced by Sulfonal. The reported details seem to show that the doses administered were somewhat in excess of the amount of Sulfonal necessary to obtain a useful therapeutic effect. The weight of evidence, as shown in the very large number of cases thus far reported, would seem to demonstrate that Sulfonal is an active hypnotic, remarkably free from toxic influences of any kind, and especially available for the exigencies of general practice in the treatment of all forms of insomnia.

The value of Sulfonal in the neuroses has been widely tested by neurologists, whose published conclusions point to a wide field for the use of Sulfonal in this direction. In asylum practice Sulfonal has largely replaced the opiates and narcotics, and the reports agree that its use was not followed by the pre-somnial excitation and post-somnial exhaustion which so often supervens upon the administration of other sleep-producing remedies. It was noted also that the good effects of Sulfonal often continued for many days after it was withdrawn.

The question as to the liability of Sulfonal to induce a drug habit has been considered by several investigators, all of whom report to the effect that such a sequence would be unlikely to follow a remedy of this nature. One observer presents the reason for this, as follows: "Drugs which give rise to habits, are those which, like opium and cocaine, stimulate before they effect narcosis, and habitues take them for their qualities as incitant; Sulfonal is a pure hypnotic, and gives that effect alone." This seems to formulate the consensus of medical opinion upon this subject.—*Exchange.*

Doctor—Will you ever get well? Why, I'll have you on your feet again in a week.

Patient—That will never do. The railway company has promised to send a man up about that time to agree on a compromise.

Mrs. Harrison—Good gracious, Ben, Baby McKee has the colic.

President Harrison—Gee-rusalem! Telephone for the Secretary of the Interior.

The difference between man and woman—Vas deferens.

THE INFLUENCE OF ALCOHOLIC DRINKS ON THE URINARY SEDIMENT OF HEALTHY PERSONS.

Dr. Glasser has examined the urine of persons who were in good health after the use of alcoholic drinks, employing the centrifugal apparatus of Steinbeck. Beside the formation of uric acid and calcium oxalate crystals, the most important findings were an increase in the number of leucocytes and the appearance of cylinders and cylindroids. The increase in the leucocytes was so constant that the writer was able to decide as to a preceding excess in drinking. With the continual use of alcohol, the increase was so great that one would think one had a specimen of urine with pus in it. Hand-in-hand with this went the augmentation of the number of cylinders. He concludes as follows: (1) Alcoholic drinks, even in moderate quantities, act as irritants to the kidneys, causing the emigration of leucocytes and the formation of cylinders; further, they favor the excessive production of crystals of uric acid and calcium oxalate. This is either due to the increased metabolism of the tissue or an alteration by the alcohol of the relations of solubility of the salts of the urine, so that the oxalate of lime and uric acid are precipitated. (2) This action, after a single indulgence, does not extend over thirty-six hours, and with continuous use is cumulative.—*Deutsch Medicinische Wochenschrift.*

"I believe that Ponca Compound has a more decided alterative action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, backache, sideache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many others that are a consequence of this condition."

R. M. HUTCHINS, M. D.

FORMULA:—Ext. Ponca, 3 grs.

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DOSE:—One Tablet four times a day.

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A case of Amenorrhœa in which I have tried it, is specially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years! I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it, as often as I have cases demanding the same." May 19, 1892. Cincinnati.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulant to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nissus.

In prescribing, care should be taken to write the word *Apioline* in full.

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NEWS AND MISCELLANY.

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THE Harvard Medical School has adopted a compulsory four years' course. Students in classical and scientific schools in which courses in anatomy, physiology, histology and chemistry are taught, can be admitted to advanced standing on passing an examination.

COULDN'T DEFINE THE SEX.—The State Board of Medical Examiners at Nashville recently examined a prisoner, with a view of determining which ward to assign the would-be "female," who was clad in male attire. Not being able to report, after a close examination, the board recommended that the Governor pardon the prisoner, on the ground that "it" could not be assigned to either the male or female ward with propriety. The pardon was promptly granted.

MEMBERSHIP in the American Pharmaceutical Association is obtained only by election at the annual meeting. "Every pharmacist and druggist of good moral and professional standing, whether in business on his own account, retired from business, or employed by another and those teachers of pharmacy, chemistry and botany who may be specially interested in pharmacy and materia medica," are eligible for membership. For blank application and further information, address Dr. H. M. Whelpley, 2729 Washington avenue, St. Louis, Missouri, chairman of committee on membership.

A WOMAN in Paris recently tried to find relief from the pangs of despised love in suicide. For this purpose she bought fifty leeches and, stripping herself naked, applied them all over her body from the knee to the breast. When the leeches had drunk their fill they fell off, but blood continued to flow freely from the bites, and when the door of the room was opened some hours later the woman was found lying on the ground, pulseless and inanimate. She was taken to the Lariboisiere Hospital, where she was admitted in a critical condition.

THE *Sanitary Inspector* states that a new vaccination law went into effect in Italy with the beginning of this year, which requires that every child shall be vaccinated before it is six months old, and again at eight, or at any time whenever the sanitary authority deems it necessary to promote individual or public safety. Those who are not vaccinated and revaccinated according to the requirements of the law, are excluded from schools, factories, workshops, benevolent institutions, etc. Provision is also made for the cultivation of both animal and human lymph. This has a direct interest for people in this country in view of the large and constantly increasing Italian immigration.

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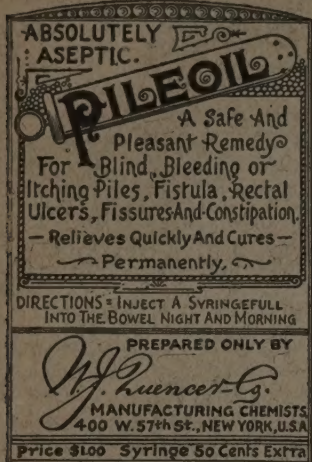
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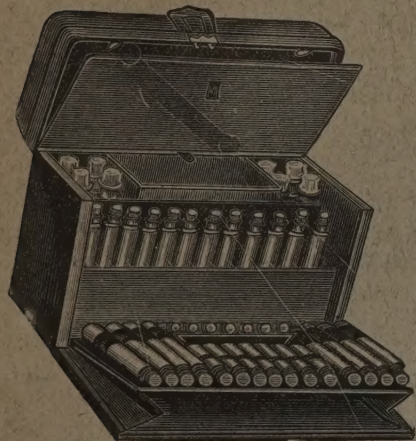
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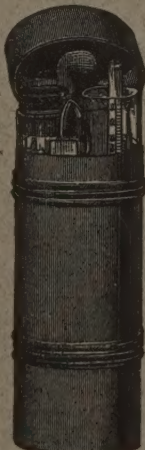
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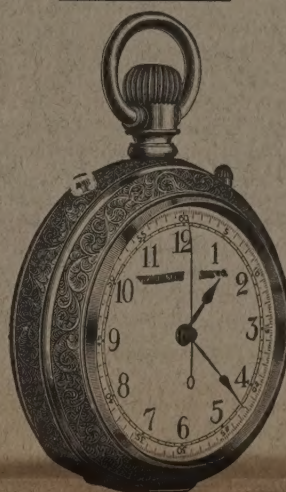
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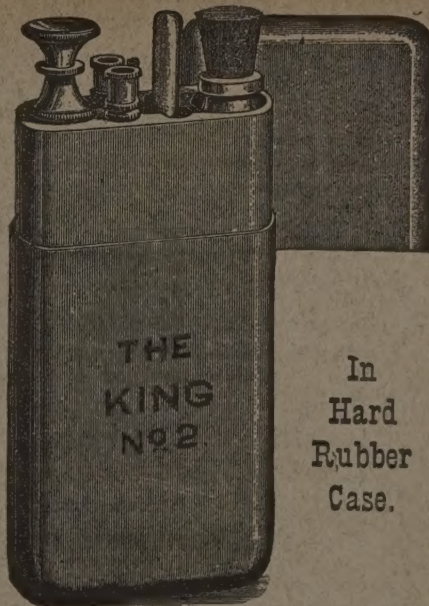
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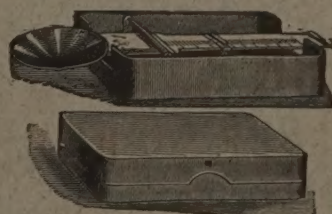


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